REQUEST FOR PROPOSAL

(Clarification)

STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Processing and Administration of Hospital Discharge Database System

State of Connecticut
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134
Telephone: (860) 418 -7001
Fax: (860) 418 7053

Contact: Deborah Ennis

April 2005

Proposal Due Date: Wednesday, May 18, 2005 4:00 PM EST

Clarification

The following five sections of the technical proposal *should be sent as attachments and excluded* from the twenty single-spaced page limit specified on page 21 of the Request.

- 1. 3. B Organizational chart
- 2. 3. D Annual financial statements
- 3. 3. E References
- 4. 6. B Resumes of key project personnel
 5. 10. Conflict of Interest disclosure statement